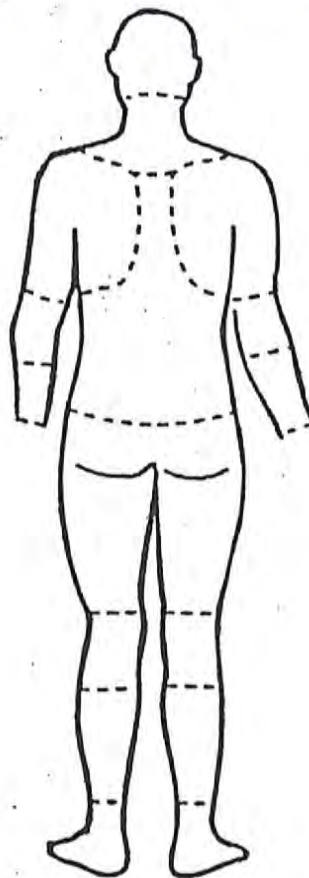
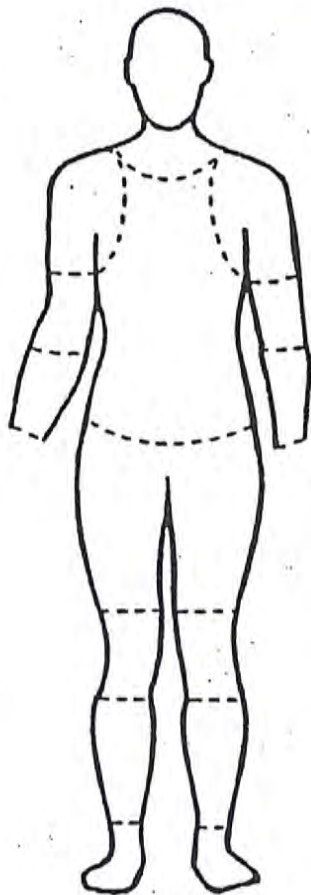


**\*MARK THE AREA ON THE ILLUSTRATION BELOW\* WHERE YOU ARE HAVING THE SYMPTOMS YOU DESCRIBED IN ITEM 6 ON THE REVERSE SIDE**



- PALM SIDE
- BACK SIDE



- TOP OF FOOT
- BOTTOM OF FOOT